

**INDEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

**SERIAL NO.**  
**10/532159**

**FILING DATE**

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				
2		1				
3		1				
4		3				
5		3				
6		3				
7		1				
8	1	1				
9		1				
10		1				
11		3				
12		3				
13		1				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	19					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
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TOTAL CLAIMS						